

State of Connecticut

GENERAL ASSEMBLY



PERMANENT COMMISSION ON THE STATUS OF WOMEN

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**Testimony of
Leslie J. Gabel-Brett, Ph.D.
Executive Director
Permanent Commission on the Status of Women
Before the
Committee on Labor and Public Employees
Thursday, March 17, 2005**

Re: R.B. 1147, An Act Concerning Health Care Coverage

Good afternoon Sen. Prague, Rep. Ryan and members of the Committee. My name is Leslie Gabel-Brett and I am the Executive Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify regarding **R.B. 1147, An Act Concerning Health Care Coverage**. As you may know, the PCSW convenes and co-chairs the Connecticut Women's Health Campaign and we have identified women's access to affordable health care as a high priority for our work.

In Connecticut, approximately 10% of our population, or 360,000 people, are uninsured. It is a large number of people - in fact, according to the CT Health Policy Project, the total number of uninsured people is greater than the populations of Hartford, New Haven and Waterbury combined.

Employers provide a majority of health insurance coverage in Connecticut (64.8 percent, or approximately 1.9 million persons), yet two thirds of uninsured adults are workers. Medicare covers approximately 17.8 percent of the population (about 533,000 persons) and Medicaid covers only about 3.1 percent (about 94,000 persons.) About 44 percent of the uninsured have family incomes below 200 percent of the federal poverty level.

By now, you have seen or heard the data regarding how many employees of large, profitable employers in Connecticut rely on our publicly funded HUSKY plan to provide health insurance for their families. Most of the companies on the list are large retail or

food service corporations where the majority of employees are women. Many of the employees work part-time. In fact, 62.7% of all sales workers in the country are women, and 76.7% of all cashiers are women.¹ As many as 25% of all working women are part-time workers, compared to 11% of all working men.² Most employees in this category – full or part-time sales workers – are not offered health insurance or cannot afford the premiums for any insurance they are offered.

When people cannot afford health insurance, it is not only bad for their health – it is also bad for our economy. People without health insurance delay seeking medical care and are 25% more likely to die prematurely. They also tend to overburden hospital emergency rooms and shift the burden of uncompensated care to all of us.³ In fact, the Center for Economic Analysis at UCONN estimates that uninsured residents of Connecticut received approximately \$377 million in uncompensated care in 2002, and that our state loses between \$584 million to \$1 billion each year due to the increased mortality and morbidity of people without health insurance.⁴

The question before all of us is: How shall we provide access to good health care and how can we pay for it? It is the position of the PCSW and many others – and we will testify regarding this before the Human Services Committee next week – that adults and children our state in households with incomes up to 185% of the federal poverty level should be eligible for health care insurance through SAGA and HUSKY A (which is Medicaid). We further believe, and have offered testimony, that workers with incomes above 185% of poverty who are employed in *small businesses* should be able to access affordable health insurance through the MEHIP program. Workers for large or medium size employers, such as those identified in this legislation, should be offered health insurance they can afford, and their employers should do their share to make it affordable.

Most large employers have already come to the conclusion that providing affordable health insurance coverage is good for their workers and for their businesses – as noted above, 65% of all health insurance in this state is provided through employers. But we are facing a crisis about how to close the last gap – to provide affordable health insurance to the last 10% who cannot afford it now. As long as we do not solve this problem, we are all paying a hidden tax to cover uncompensated care, to make up for lost productivity and to cover the costs of services to families torn part by illness or medical debt. Our hidden tax makes it possible for some large employers to make huge profits by keeping their labor costs low. This isn't fair.

The proposed bill before you requires large and medium sized employers to either provide affordable health insurance to their workers or to pay a fee to the state to help cover the costs of providing insurance through a state run insurance program. We think

¹ Current Population Survey, U.S. Department of Labor, Bureau of Labor Statistics, Table 11. *Employed persons by detailed occupation and sex, 2002 annual averages*

² Current Population Survey, U.S. Department of Labor, Bureau of Labor Statistics, Table 16, *Employed persons by full- and part-time status and sex, 1970-2002 annual averages*

³ Connecticut Health Policy Project, Policymaker Issue Brief #12, August, 2004

⁴ Stan McMillen, Kathryn Parr, Moh Sharma, *Uninsured: The Costs and Consequences of Living Without Health Insurance in Connecticut*, Connecticut Center for Economic Analysis, University of Connecticut; Universal Health Care Foundation of Connecticut, December, 2004,.

that is fair. We support the goals of this legislation and stand ready to work with members of the General Assembly to shape a program that provides quality, affordable health insurance to all workers and their families in Connecticut in the most fair and cost-efficient manner. Thank you.

